

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 520 N. NORTHWEST HIGHWAY
 Check if different than previously reported. (ACC)
PARK RIDGE IL 60068

2. **FEC IDENTIFICATION NUMBER** C00255752
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 11 04 2008 in the State of IL
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer Electronically Filed by THOMAS CONWAY Date 10 27 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only								
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1160205.04
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	1072856.40									
(c) Total Receipts (from Line 19)	9600.00	854927.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1082456.40	2015132.69								
7. Total Disbursements (from Line 31)	118925.00	1051601.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	963531.40	963531.40								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
 999 E street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7900.00	668946.00
(i) Itemized (use Schedule A)	1700.00	155233.10
(ii) Unitemized	9600.00	824179.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9600.00	824179.10
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	30748.55
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9600.00	854927.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9600.00	854927.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	922000.00
24. Independent Expenditure (use Schedule E)	74700.00	74700.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	225.00	1125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	225.00	1125.00
29. Other Disbursements.....	0.00	53776.29
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	118925.00	1051601.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118925.00	1051601.29

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	9600.00	824179.10
34. Total Contribution Refunds (from Line 28(d))	225.00	1125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9375.00	823054.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CAROLYN FARRELL		Date of Receipt	
	Mailing Address 5511 TONYAWATHA TRAIL		M M / D D / Y Y Y Y 10 / 13 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.66261
	MONONA	WI	53716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer UNIVERSITY OF WISCONSIN DEPT. OF ANES.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) NOEL GIESECKE		Date of Receipt	
	Mailing Address 3738 BLUE BONNET BLVD.		M M / D D / Y Y Y Y 10 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.66232
	HOUSTON	TX	77025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer BAYLOR COLLEGE OF MEDICINE		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) JOHN HARRINGTON		Date of Receipt	
	Mailing Address 1304 OAK STREET		M M / D D / Y Y Y Y 10 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.66236
	MELBOURNE	FL	32901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer BREVARD ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ROBERT KETTLER	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 9200 W. WISCONSIN AVE.	Transaction ID: SA11AI.66191
	City State Zip Code MILWAUKEE WI 53226	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FROEDTERT MEMORIAL HOSPITAL ANES. DEPT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) ROGER KINKOR	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 411 LAUREL ST., #3170	Transaction ID: SA11AI.66205
	City State Zip Code DES MOINES IA 50314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDICAL CENTER ANESTHESIOLOGISTS, PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) PATRICIA KLARR	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 1500 E. MEDICAL CENTER DR. UH1H247 UNIV. HOSP., BOX 0048	Transaction ID: SA11AI.66187
	City State Zip Code ANN ARBOR MI 48109	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNIVERSITY OF MICHIGAN	Occupation CLINICAL ASSISTANT PROFESSOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JASON LICHTENSTEIN

Mailing Address 2453 CHESTNUT STREET

City State Zip Code
SAN FRANCISCO CA 94123

FEC ID number of contributing federal political committee. **C**

Name of Employer
MEDICAL ANESTHESIA CONSULTANTS MEDICAL

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.66222

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
DOUGLAS MERRILL

Mailing Address 221 EAST COLLEGE STREET #1009

City State Zip Code
IOWA CITY IA 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer
UNIVERSITY OF IOWA

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.66203

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
CHARLES NAPOLITANO

Mailing Address 4301 W. MARKHAM STREET

City State Zip Code
LITTLE ROCK AR 72205

FEC ID number of contributing federal political committee. **C**

Name of Employer
UAMS

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.66262

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MARK NUNNALLY	Date of Receipt MM / DD / YYYY 10 / 12 / 2008
	Mailing Address 616 W FULTON, #503	Transaction ID: SA11AI.66255
	City State Zip Code CHICAGO IL 60661	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF CHICAGO PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) CAROL PEAIRS	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 5901 E VIA DEL CIELO	Transaction ID: SA11AI.66213
	City State Zip Code PARADISE VALLEY AZ 85253	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DEPT OF VETERANS AFFAIRS ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) CHUCK POOLE	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 131 TUCKER STREET, SUITE 5	Transaction ID: SA11AI.66230
	City State Zip Code JACKSON TN 38301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PROFESSIONAL ANESTHESIA ASSOCIATES, PC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MAJID SALEEM		Date of Receipt
	Mailing Address 4301 W. MARKHAM ST, SLOT 515		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	City	State	Zip Code
	LITTLE ROCK	AR	72205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.66268
Name of Employer UNIV OF ARKANSAS MED SCIE-NCES DEPT OF		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) DANNY SARTORE		Date of Receipt
	Mailing Address 4009 SURRY PL. LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 0 8
	City	State	Zip Code
	SPRINGFIELD	IL	62711
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.66238
Name of Employer SANGAMON ASSOCIATED ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) MICHAEL SCHOSTAK		Date of Receipt
	Mailing Address 1278 W 9TH ST APT 632		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	CLEVELAND	OH	44113
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.66274
Name of Employer CLEVELAND CLINIC		Occupation RESIDENT ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) GEORGE SHEPLOCK	Date of Receipt
	Mailing Address 10646 JEWEL LN.	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 5 / 2 0 0 8
	City State Zip Code CARMEL IN 46032	Transaction ID: SA11AI.66220
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer RILEY HOSPITAL FOR CHILDREN	Occupation PEDIATRIC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 750.00	

B.	Full Name (Last, First, Middle Initial) CHRISTINA SPOFFORD	Date of Receipt
	Mailing Address 2941 ORCHARD VIEW LANE NE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	City State Zip Code IOWA CITY IA 52240	Transaction ID: SA11AI.66195
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 900.00
Name of Employer UNIVERSITY OF IOWA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 900.00	

C.	Full Name (Last, First, Middle Initial) RICHARD STAUFFER	Date of Receipt
	Mailing Address 3805 ENGLISH HORN COURT	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 0 8
	City State Zip Code RICHMOND VA 23233	Transaction ID: SA11AI.66217
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer ANESTHESIA ASSOCIATES OF RICHMOND	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DAVID UEUNTEN		Date of Receipt																					
	Mailing Address 2132 HAKANU ST.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	2		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.66251																				
	HONOLULU	HI	96821	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<input type="text" value="250.00"/>																					
Name of Employer HAWAII PERMANENTE MEDICAL GROUP		Occupation PHYSICIAN																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>																					

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="7900.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS</p> <p>Mailing Address 3482 DRUSILLA LN #1</p> <p>City BATON ROUGE State LA Zip Code 70809</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p>Transaction ID: SB23.66315</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH</p> <p>Mailing Address PO BOX 7292</p> <p>City CHICAGO State IL Zip Code 60680</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.66286</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS FOR JIM MCDERMOTT</p> <p>Mailing Address P.O. BOX 21783</p> <p>City SEATTLE State WA Zip Code 98111</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.66293</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT	Transaction ID: SB23.66294 Date of Disbursement 10 / 09 / 2008
	Mailing Address P.O. BOX 53322	Amount of Each Disbursement this Period 1000.00
	City BELLEVUE State WA Zip Code 98015	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL	Transaction ID: SB23.66314 Date of Disbursement 10 / 09 / 2008
	Mailing Address P.O. BOX 101124	Amount of Each Disbursement this Period 2000.00
	City CHICAGO State IL Zip Code 60610	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS	Transaction ID: SB23.66288 Date of Disbursement 10 / 06 / 2008
	Mailing Address PO BOX 9639	Amount of Each Disbursement this Period 2500.00
	City BOWLING GREEN State KY Zip Code 42102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOHANNNS FOR SENATE INC	Transaction ID: SB23.66284 Date of Disbursement
	Mailing Address 1201 O STREET #101	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City LINCOLN State NE Zip Code 68506	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS	Transaction ID: SB23.66290 Date of Disbursement
	Mailing Address P.O. BOX 45444	<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City PHOENIX State AZ Zip Code 85064	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JUST PERMANENT INTERESTS PAC	Transaction ID: SB23.66312 Date of Disbursement
	Mailing Address 12116 KERWOOD RD	<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City SILVER SPRING State MD Zip Code 20904	Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MARTIN HEINRICH <hr/> Mailing Address 2118 CENTRAL AVE SE #71 <hr/> City ALBUQUERQUE State NM Zip Code 87106 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.66281 Date of Disbursement 10 / 02 / 2008	
	Amount of Each Disbursement this Period 5000.00	
	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS <hr/> Mailing Address PO BOX 306 <hr/> City BOISE State ID Zip Code 83701 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.66291 Date of Disbursement 10 / 06 / 2008
	Amount of Each Disbursement this Period 3500.00	
C. Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS <hr/> Mailing Address P.O. BOX 5577 MANHATTANVILLE STA <hr/> City NEW YORK State NY Zip Code 10027 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.66283 Date of Disbursement 10 / 02 / 2008	
	Amount of Each Disbursement this Period 2500.00	

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS Mailing Address 81 S 5TH STREET City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.66280 Date of Disbursement 10 / 02 / 2008
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS Mailing Address 2021 E DUBLIN GRANVILLE RD #2000 City COLUMBUS State OH Zip Code 43229 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.66279 Date of Disbursement 10 / 02 / 2008
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

TOTAL This Period (last page this line number only) ►

44000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CHRISTOPH LAUBER		Transaction ID: SB28A.66304	
	Mailing Address MITTLERE GSTUECKTSTR. 14A		Date of Disbursement 10 / 13 / 2008	
	City BUELACH	State AE	Zip Code 08180	Amount of Each Disbursement this Period 225.00
	Purpose of Disbursement		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶

225.00

TOTAL This Period (last page this line number only) ▶

225.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00255752	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee JAMESTOWN ASSOCIATES		Date M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8	
Mailing Address 5 MAPLETON RD STE 300		Amount 74700.00	
City State Zip Code PRINCETON NJ 08540		Transaction ID: SE.66072	
Purpose of Expenditure PLACEMENTS & PRODCUT-ION COSTS		Office Sought: <input type="checkbox"/> House State: MN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: NORM COLEMAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		74700.00	

(a) SUBTOTAL of Itemized Independent Expenditures	74700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	74700.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
THOMAS CONWAY Signature	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8